



# Information Institute Visiting Faculty Research Program



## FACULTY APPLICANT INSTRUCTIONS

- **Include a description for each topic you are applying for (Required):**
- **Your research proposal document should be no longer than 3000 words**  
(approximately 4 single spaced pages, submit as separate attachment).

Observe the following formatting requirements for the document:

1. All submissions must be prepared separately in PDF format using a word processing program in a standard typeface no smaller than **12 point font**
2. Include your full name at the top of each page
3. Number the pages in the body of the document

- **Description of the proposed research must include the following:**

1. Statement of problem
2. Background and relevance to previous work
3. General methodology and procedure to be followed
4. Explanation of new or unusual techniques
5. Expected results and their significance and application
6. Literature citations where appropriate

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**Please submit a copy of your CV or resume either in Microsoft Word or PDF format.**

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1. **Submit** your application and research proposal by doing the following: Click the Submit button at the bottom of this form and attach your research proposal in an encrypted e-mail for your protection. *Encrypted e-mail is recommended but not required.* Send e-mail.
2. Save this application for your records by selecting **Save as a PDF** to your desktop.
3. **Before saving & submitting your Application and Research Proposal PLEASE REVIEW FOR ACCURACY.**

If you have questions about submitting this form or proposal please contact the Information Institute at: **rrs.iiweb@us.af.mil** or call **(315) 330-4775**

**DEADLINE FOR SUBMISSION: January 24, 2014**

**Disclaimer:** The information gathered from this form is for the Information Institute's Visiting Faculty Research Program Application purposes only.



**Information Institute**

# **Visiting Faculty Research Program — Faculty Application**

# FACULTY

## **FACULTY APPLICANT INFORMATION**

First Name:		Last Name:	
Address:		City:	
State:	Zip:	Email:	
Telephone No.:		Cell Phone No.:	
University:			
Department:			
Address:		City:	
State:	Zip:	Email:	
Discipline:		Current Position:	
Country of Citizenship:		Date of Birth:	Alien Resident No.:
Social Security No.:		Date Naturalized:	Expiration Date:
Birth City:	Birth State:	Birth Country:	

## **RESEARCH TOPIC AND ADVISOR**

First Topic:		
Second Topic:		
Third Topic:		
Expected Start Date:	Expected End Date:	Number of Weeks:
Do you live more than 50 miles from the preferred research site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you bringing a student with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**NOTE: Answer are mandatory, if you cannot answer a question please enter N/A into text field. Thank you**

## **STAFF ONLY**

	Visitor Request	OF306	eQIP
Date Sent:			Instructions Sent
Date Received:			Signed Pages Received
Date Sent to Security:			